

Changing or Stopping Medications

| | | To be completed before appointment | | | During appointment | | |
|---------------------------------|----------|------------------------------------|-------------------------|---|--|---------------------------------------|-----------------------|
| Name of medication | | Current dose and schedule | Want to change or stop? | Reason | Decision made with healthcare provider | If changing, to what? | New dose and schedule |
| E X A M P L E | Baclofen | 5mg at breakfast 5mg at lunch | Change | Hard to participate in physical therapy because I am so tired | Start with: changing timing of medication 2nd option: decrease dose | Changing time of day that it is taken | 10mg taken at bedtime |
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